

Title V / MCH Block Grant – 2014 State Plan

May 2, 7, 13, 15, 2013

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Any trouble, please contact Darren Pang at: [mailto:wpang2@unl.edu?subject=MCH Webinar](mailto:wpang2@unl.edu?subject=MCH%20Webinar) or call (402)472-9816 in Lincoln (800) 746-8420 (ask for Darren)

Title V / MCH Block Grant – 2014 State Plan

May 2, 7, 13, 15, 2013

9:00 (1:00)	Review Webinar Guidelines	Rayma Delaney
9:00 (1:00)	Welcome and introductions Meeting purpose and agenda	Paula Eureka
9:10 (1:10)	History and Background Needs Assessment Financial Overview	Rayma Delaney
9:20 (1:20)	Children with Special Health Care Needs (CSHCN) Nebraska Medically Handicapped Children's Program	Heather Krieger Jered Kotschwar
9:30 (1:30)	Open dialogue – questions and comments	Large group
9:45 (1:45)	Discussion about the 2014 Annual Plan using key questions to start the discussion. Today's session will focus on: Infants	Large group
10:45 (2:45)	Identify common themes; evaluate methods for public input	Large group
11:00 (3:00)	Adjourn	

Maternal and Child Health (“MCH”)

women of childbearing years

pregnant women

mothers

infants

children

children with special health care needs

adolescents



Title V / Maternal and Child Health (MCH) Block Grant

- MCH includes *children with special health care needs* (“CSHCN”)
- An important resource at work in Nebraska to support the health of women and children.
- Federal funds awarded to states, and is based on a formula
- Flexible to address states needs
- States share in the cost
- Not a specific program
- Supports a variety of programs, projects, and capacity-building
- Longstanding

History & Background

- Since 1935, the federal government has pledged its support of Title V of the Social Security Act, making it the oldest, continuously funded public health legislation in U.S. History.
- Title V was amended by the Omnibus Budget Reconciliation Act of 1981 (OBRA '81).
 - ✓ Seven separate funds consolidated into a “block” of funding for states to more broadly address health needs
 - ✓ Authorized 15% set-aside for Special Projects of Regional and National Significance (SPRANS)

History & Background continued . . .

- In 1989, again amended, OBRA '89.
 - ✓ Introduced stricter requirements for accountability of planning and reporting
 - ✓ States conduct activities to “improve the health of all mothers and children”, emphasizing no eligibility requirements to qualify for services
 - ✓ Gave states flexibility to develop solutions to meet state and local needs
 - ✓ Established set-aside funding – Community Integrated Service Systems (CISS)

History & Background continued . . .

- In 1998, the Abstinence Education Grant Program was added as Section 510 to Title V.
- The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program was added as Section 511 of Title V, as amended by the Patient Protection and Affordable Care Act of 2010.

These two programs are administered separately from the Block Grant.

History & Background continued . . .

- States receive Block Grant funding based on a formula through the federal Maternal and Child Health Bureau (MCHB).
- A state's acceptance of federal Title V funds puts responsibility on the State to:
 - ✓ Assure the health of all mothers and children in the state;
 - ✓ Provide and promote family-centered, community-based, coordinated care (including care coordination services for children with special health care needs) and to facilitate the development of community-based systems of services for such children and their families;
 - ✓ Identify specific health needs of the population through a five-year statewide needs assessment and determine health priorities;
 - ✓ Submit an annual plan for meeting the needs identified by the statewide needs assessment; and report annually on performance measures;
 - ✓ Make the application public within the state to facilitate comment from any person during its development and after the application is submitted;
 - ✓ Provide a toll-free "hotline" telephone number (Nebraska's Healthy Mothers Healthy Babies Helpline is 800-862-1889);
 - ✓ Comply with all rules and regulations governing federal financial assistance.

Needs Assessment

States are required to conduct a statewide needs assessment every five (5) years. The assessment shall identify the need for:

- preventive and primary care services for pregnant women, mothers, and infants;
- preventive and primary care services for children; and
- services for Children with Special Health Care Needs (CSHCN)

Nebraska's MCH/CSHCN priorities for 2010-2014

- Increase the prevalence of the MCH/CSHCN population who are physically active, eating healthy, and are at a healthy weight.
- Improve the reproductive health of youth and women by decreasing the rates of STD's and unintended pregnancies.
- Reduce the impact of poverty on infants/children including food insecurity.
- Reduce the health disparities gap in infant health status and outcomes.
- Increase access to oral health care for children and CSHCN.
- Reduce the rates of abuse and neglect of infants and CSHCN.
- Reduce alcohol use and binge drinking among youth.
- Increase quality of and access to perinatal health services, including pre/interconception health care, prenatal care, labor and delivery services, and postpartum care.
- Increase the prevalence of infants who breastfeed exclusively through six months of age.
- Increase access to Medical Homes for CSHCN particularly for those with functional limitations.

Needs Assessment continued . . .

- Guides the priority setting to invest resources such as time, expertise, and money.
- Not all priorities can be addressed by MCH Block Grant funds.
 - ✓ Priority needs may already be addressed by other resources.
 - ✓ Invest in priorities that may not have enough resources to address the needs sufficiently.
 - ✓ Funds may also be used with strategies that will impact more than one priority.
- Informs and guides planning and program development beyond that supported by the MCH Block Grant.

Financial Overview

Requirements of States

- cost-sharing 3:4 -- \$3 of State support required for \$4 federal
- Budget and report expenses by subpopulations
 - ✓ Pregnant women
 - ✓ Infants < 1 year
 - ✓ Children 1-22 (1st birthday through 21st year)
 - ✓ CSHCN
 - ✓ All others (women of childbearing age)
- Use at least 30% for preventive and primary care for children
- Use at least 30% for CSHCN
- Limit administrative costs to 10% or less
- Budget and report expenses by types of services -->



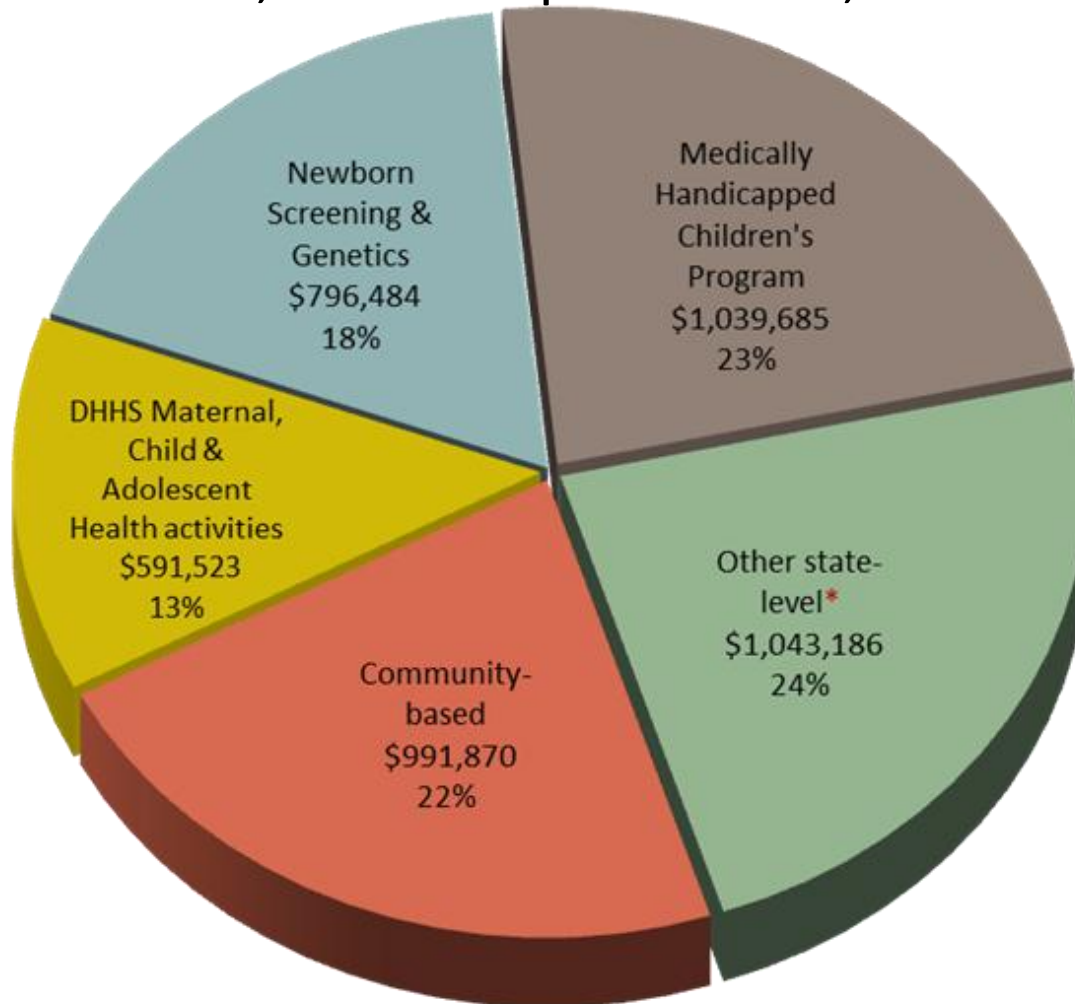
Title V/MCH Block Grant in Nebraska

- Community-based activities
 - ✓ Community-based organizations; open for application based on a competitive Request for Application (RFA) every 2-3 years
 - Seven projects currently awarded subgrants
 - ✓ Native American Tribal Set-aside
 - Four federally-recognized Tribes headquartered in Nebraska are awarded subgrants
- State-level programs and infrastructure
 - ✓ Fourteen programs / administrative units within Nebraska Department of Health and Human Services
 - ✓ Include MCH/CSHCN focus

Visit www.dhhs.ne.gov/TitleV_MCH for more information.

Current Obligations

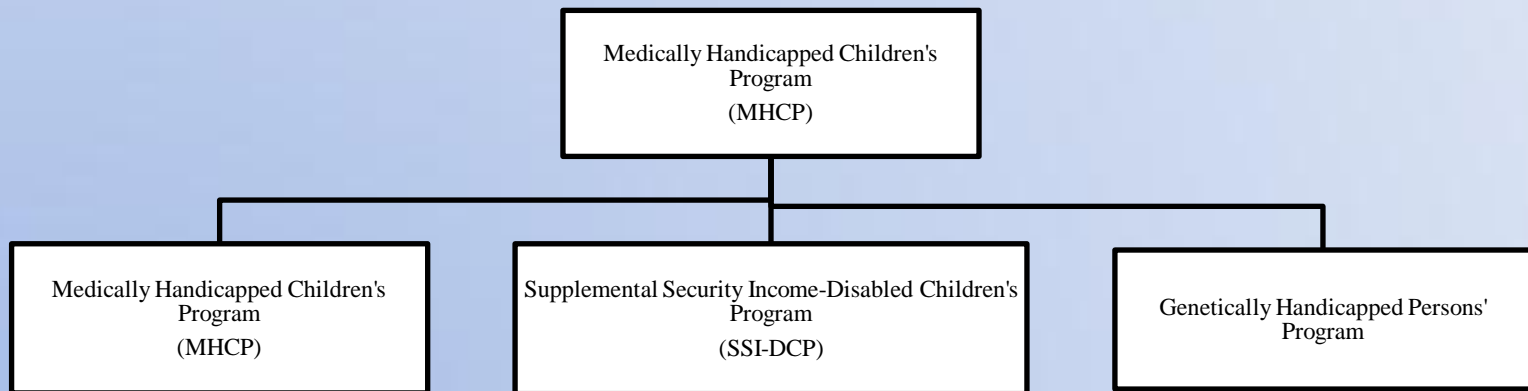
Nebraska Title V / Maternal Child Health Block Grant
October 1, 2012 – September 30, 2013



Children with Special Health Care Needs (CSHCN)

Overview of Nebraska's Medically Handicapped Children's Program

****The Medically Handicapped Children's Program houses three different programs:****



Referral Contact Information: (800) 358-8802 or (402) 471-9310

Application must be made to determine eligibility.

Children with Special Health Care Needs (CSHCN)

1. **Medically Handicapped Children's Program/ (MHCP)**: The focus of this program is to provide statewide medical clinics and medical service coverage to clients that meet the programs criteria for eligibility. In order to be considered for the services, the client must be:

- a. Under age 22
- b. Have Lawful Presence
- c. Meet the Financial criteria
- d. Meet the Medical criteria under one of the diagnoses below:

Asthma

Burns

Cerebral palsy

Craniofacial Conditions

Cystic fibrosis

Diabetes services

Eye (eye defects which may be surgically corrected)

Hearing (significant hearing loss)

Heart

Hemophilia

Major Medical (diagnoses determined to be congenital, chronic, or prolonged, and in need of active treatment)

Mid-line Neurological Defects (spina bifida or other central nervous system neurological defects)

Neoplasm (cancerous diseases or non-malignant tumors when the tumor is potentially disabling)

Neurological (neurological conditions - diagnoses includes seizures)

Orthopedic: General

Premature births

Rheumatoid arthritis

Scoliosis

Urology

Services Include: Access to medical clinics with complex treatment teams and medical service coverage based on the program's approved treatment plan. (medical appts, medication, surgery, therapies, etc. ONLY FOR THE APPROVED DIAGNOSIS).

Children with Special Health Care Needs (CSHCN)

2. **Supplemental Security Income-Disabled Children's Program/(SSI-DCP)**: The focus of this program is to provide children who receive monthly SSI grants and their families needed services to meet the program-specified outcomes of empowerment, care assistance, stress reduction, and access to medical supports. In order to be considered for the services, the client must:

- a. Have a disability;
- b. Receive monthly SSI checks;
- c. Be age 15 or younger; and
- d. Live at home with their families.

Services Include: Respite, Medical Mileage Reimbursement, Lodging and Meal Reimbursement, Home Modification, Vehicle Modification, Special Equipment, Sibling Care, and Attendant Care.

Children with Special Health Care Needs (CSHCN)

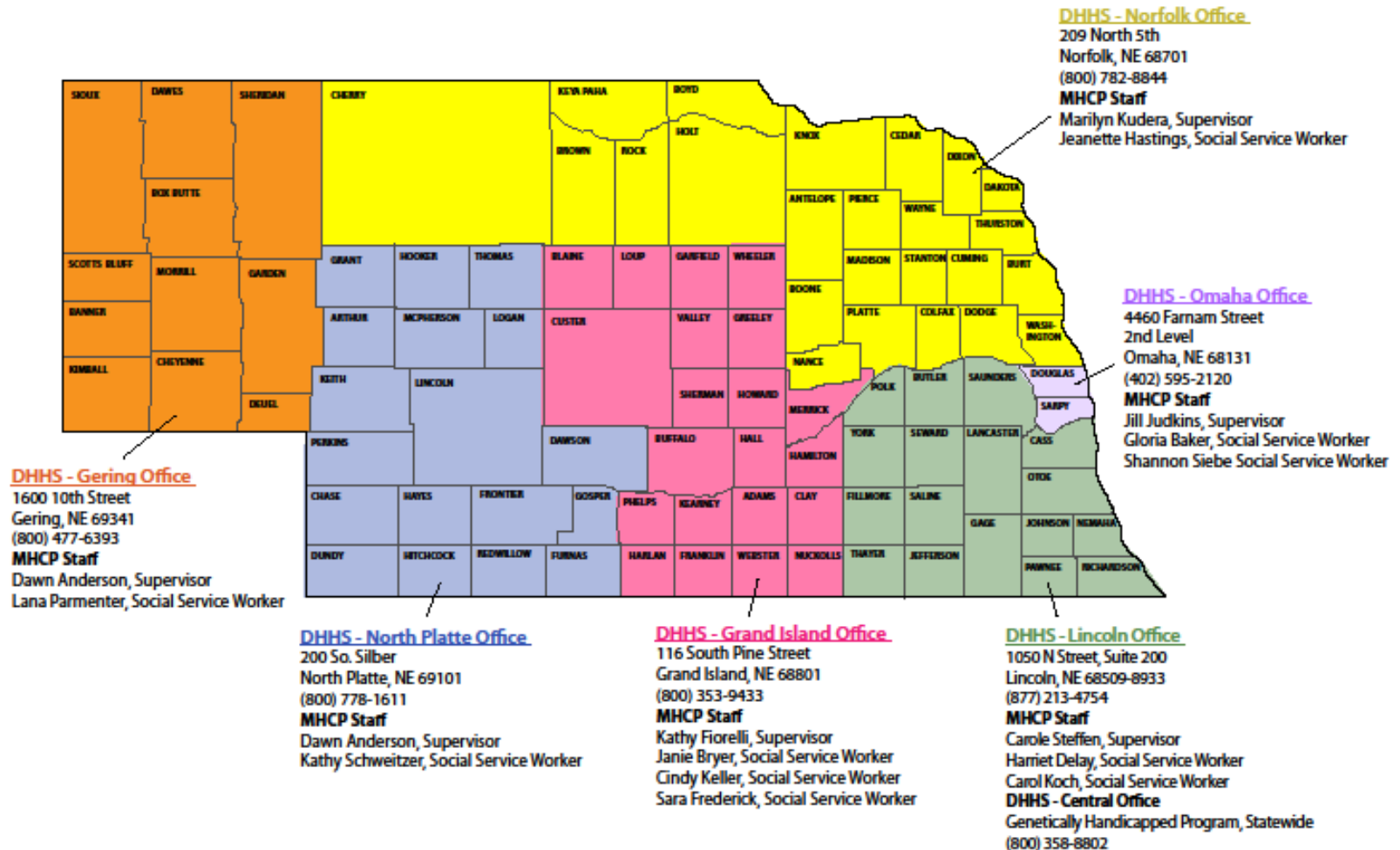
3. **Genetically Handicapped Persons' Program**: The focus of this program is to provide medical treatment for persons age 21 or older with the genetically handicapping conditions of:

- a. cystic fibrosis
- b. hemophilia, and
- c. sickle cell disease.

The criteria for the program are the same as MHCP except for the age which is over 21 and medical eligibility is only for these three diagnoses.

Services Include: Approved medical supports and clinic services.

Medically Handicapped Children's Program Staff Listing



Contact Us

Title V/MCH Block Grant

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Medically Handicapped Children's Program

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Open dialogue – questions and comments

Discussion about the 2014 Annual Plan

using the Nebraska Title V Priorities
relevant to the population focus for each of 4 webinars
and
key questions to start the discussion
(not intended to be limiting)

Nebraska Title V Priorities relevant to **pregnant women/women of childbearing age:**

- Increase the prevalence of the MCH/CSHCN population who are physically active, eating healthy, and are at a healthy weight.
- Improve the reproductive health of youth and women by decreasing the rates of STD's and unintended pregnancies.
- Increase quality of and access to perinatal health services, including pre/interconception health care, prenatal care, labor and delivery services, and postpartum care.

Questions:

1. How do these 3 state-level MCH/CSHCN priorities (above) compare to the most important health needs of women of child-bearing age in your community?
2. What programs and services does my community have to help address these priorities?
3. What would improve the health of women of child-bearing age, including pregnant women?
4. What barriers or gaps could be overcome through better coordination for this population?
5. How can the Nebraska Department of Health and Human Services best promote the health of women of child-bearing age?
6. What are the major disparities experienced by women of child-bearing age and how can these disparities be addressed?
7. Other comments?

Nebraska Title V Priorities relevant to **children with special health care needs**:

- Increase the prevalence of the MCH/CSHCN population who are physically active, eating healthy, and are at a healthy weight.
- Increase access to oral health care for children and CSHCN.
- Reduce the rates of abuse and neglect of infants and CSHCN.
- Increase access to Medical Homes for CSHCN particularly for those with functional limitations.

Questions:

1. How do these 4 state-level MCH/CSHCN priorities (above) compare to the most important health needs of children with special health care needs in your community?
2. What programs and services does my community have to help address these priorities?
3. What would improve the health of children with special health care needs?
4. What barriers or gaps could be overcome through better coordination for this population?
5. How can the Nebraska Department of Health and Human Services best promote the health of children with special health care needs?
6. What are the major disparities experienced by children with special health care needs and how can these disparities be addressed?
7. Other comments?

Nebraska Title V Priorities relevant to Infants:

- Reduce the impact of poverty on infants/children including food insecurity.
- Reduce the health disparities gap in infant health status and outcomes.
- Reduce the rates of abuse and neglect of infants and CSHCN.
- Increase the prevalence of infants who breastfeed exclusively through six months of age.

Questions:

1. How do these 4 state-level MCH/CSHCN priorities (above) compare to the most important health needs of infants in your community?
2. What programs and services does my community have to help address these priorities?
3. What would improve the health of infants?
4. What barriers or gaps could be overcome through better coordination for this population?
5. How can the Nebraska Department of Health and Human Services best promote the health of infants?
6. What are the major disparities experienced by infants and how can these disparities be addressed?
7. Other comments?

Nebraska Title V Priorities relevant to **children and adolescents**:

- Increase the prevalence of the MCH/CSHCN population who are physically active, eating healthy, and are at a healthy weight.
- Improve the reproductive health of youth and women by decreasing the rates of STD's and unintended pregnancies.
- Reduce the impact of poverty on infants/children including food insecurity.
- Increase access to oral health care for children and CSHCN.
- Reduce alcohol use and binge drinking among youth.

Questions:

1. How do these 5 state-level MCH/CSHCN priorities (above) compare to the most important health needs of children and adolescents in your community?
2. What programs and services does my community have to help address these priorities?
3. What would improve the health of children and adolescents?
4. What barriers or gaps could be overcome through better coordination for this population?
5. How can the Nebraska Department of Health and Human Services best promote the health of children and adolescents?
6. What are the major disparities experienced by children and adolescents and how can these disparities be addressed?
7. Other comments?

Identify common themes

Evaluate methods for public input

Written Comments

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Comments received by **June 7, 2013** will be reviewed
for inclusion in the 2014 annual state plan.